
OLR Bill Analysis

sSB 1051

AN ACT CONCERNING THE PRACTICE OF ATHLETIC TRAINING.

SUMMARY:

This bill expands the scope of practice of athletic training by allowing athletic trainers to (1) serve individuals other than athletes and (2) provide more services to such individuals directly, without the consent and direction of a health care provider. It also (1) redefines “working with consent and under the direction of a health care provider” and “standing orders,” (2) broadens the definition of “athletic injury,” and (3) clarifies the licensure exemption for athletic training students. And it makes technical changes.

EFFECTIVE DATE: October 1, 2011

ATHLETIC TRAINERS

Scope of Practice

Under current law, athletic trainers work only with athletes who suffer injuries while exercising or participating in sports or recreational activities. It defines an “athlete” as someone who participates at least three times a week in sports or recreational activities, including training and practice, or is a member of a sports team.

The bill allows an athletic trainer to serve anyone, not just athletes and provide more services to individuals. It eliminates the definition of athlete and redefines “athletic training” to mean applying or providing, with the consent and under the direction of a health care provider, (1) risk management and injury prevention service; (2) clinical evaluation and assessment services; (3) treatment services; and (4) rehabilitation and intervention services for emergency, acute, and chronic health injuries. (By law, “health care provider” means a licensed physician, chiropractor, podiatrist, or naturopath.)

The bill also allows an athletic trainer to perform the following without the consent and direction of a health care provider to apply or provide: (1) appropriate preventive and supportive devices, temporary splinting, bracing, and casting and (2) physical modalities of health, cold, light, electric stimulation, massage, aquatic therapy, sound, and therapeutic exercise. Under the bill, an athletic trainer can perform other modalities as prescribed by a health care provider.

The bill allows athletic trainers, without the consent and direction of a health care provider, to (1) organize and administer athletic training programs; (2) provide education and counseling in the community, not just to athletes, coaches, and medical personnel as under current law; and (3) provide wellness care services developed and applied in the treating asymptomatic clients. "Wellness care" means services related to injury prevention, conditioning, strength training, and fitness.

The bill broadens the definition of "athletic injury" to mean any clinical condition, not just an injury, sustained as a result of an individual's (not just an athlete's) participation in activities requiring strength, agility, flexibility, range of motion, speed or stamina, or any comparable clinical condition (1) that prevents the individual from participating in such activities or (2) for which athletic training services are appropriate as determined by a health care provider.

Standing Orders

Under current law, an athletic trainer practicing under standing orders from a licensed physician, podiatrist, naturopath, or chiropractor must make a written or oral referral to the provider if an athlete's symptoms do not improve within four days. Trainers must also refer when (1) athletic training methods are contraindicated for an athlete's physical or mental condition or (2) an athlete's condition requires evaluation and treatment beyond the scope of athletic training. "Standing orders" are written protocols, recommendations, and guidelines for treatment and care in athletic training practices. They may include appropriate treatments for specific athletic injuries, injuries and conditions that require immediate referral, and appropriate conditions for immediate referral by various age groups.

Under current law, athletic trainers who are not practicing under standing orders may only perform initial evaluations or temporarily splint or brace an injured athlete. They must refer injured athletes to a provider without delay.

Under the bill, an athletic trainer who formerly practiced under standing orders is now considered to be practicing “with the consent and under the direction of a health care provider.” The bill defines this as practicing under written standing orders that (1) have protocols, recommendations, or guidelines for treating and caring for individuals participating in professional, amateur, or school sports or recreational activities; (2) are furnished by a health care provider; and (3) are followed in athletic training practice while under a provider’s oversight.

It defines “written standing orders” as written protocols, recommendations, or guidelines for the care and treatment of individuals that (1) are furnished by the provider, (2) are followed by an athletic trainer while under the provider’s oversight, (3) are periodically reviewed by the provider and trainer, and (4) may be renewed annually.

The bill defines “oversight” as

1. the availability of continuous direct communication, either in person, or by radio, telephone, or other mode between a trainer and provider;
2. a provider’s active and regular review of the trainer’s activities to ensure that his or her directions are being implemented and to support the trainer’s performance;
3. a provider’s regular personnel review of the trainer’s services to ensure quality care;
4. delineation by a provider of a predetermined plan for emergency situations; and
5. designation of an alternative provider to provide oversight in

place of the supervising provider.

Under the bill, those athletic trainers who practice without the specific consent of the provider (i.e. not practicing under standing orders under current law), can continue to perform an initial evaluation and provide temporary splinting and bracing , but of any individual, not just an athlete. As under current law, the trainer must make a written or oral referral without delay.

Licensure Exemption for Athletic Training Students

Under current law, a student intern or trainee in an athletic training program, identified as an “athletic trainer intern,” and supervised by a licensed athletic trainer does not need an athletic trainer’s license. The bill revises this exemption by calling the person an “athletic training student” or similar title as designated by the Commission on Accreditation of Athletic Training Education or its successor.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 28 Nay 0 (04/01/2011)